

Introduced by Senator Sher

January 13, 1999

An act to amend Section 12693.32 of the Insurance Code, relating to children's health insurance.

LEGISLATIVE COUNSEL'S DIGEST

SB 180, as introduced, Sher. Healthy Families Program.

Existing law creates the Healthy Families Program, administered by the Managed Risk Medical Insurance Board, to arrange for the provision of health care coverage, including dental and vision care, to children older than 12 months and less than 19 years of age who meet certain criteria, including having a gross annual household income equal to or less than 200% of the federal poverty level, and meeting citizenship and immigration requirements. Existing law authorizes the board, as part of its community outreach and education campaign, to include community-based face-to-face initiatives to educate potentially eligible applicants about the program and to assist them in the application process.

This bill would instead require the board to include these community-based initiatives as part of its education and outreach campaign.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 12693.32 of the Insurance Code
2 is amended to read:

1 12693.32. (a) The board may pay designated
2 individuals or organizations an application assistance fee,
3 if the individual or organization assists an applicant to
4 complete the program application, and the applicant is
5 enrolled in the program as a result of the application.

6 (b) The board may establish the list of eligible
7 individuals, or categories of individuals and
8 organizations, the amount of the application assistance
9 payment and rules necessary to assure the integrity of the
10 payment process.

11 (c) The board, as part of its community outreach and
12 education campaign, ~~may~~ *shall* include community-based
13 face-to-face initiatives to educate potentially eligible
14 applicants about the program and to assist potential
15 applicants in the application process. Those entities
16 undertaking outreach efforts shall not include as part of
17 their responsibilities the selection of a health plan and
18 provider for the applicant. Participating plans shall be
19 prohibited from directly, indirectly, or through their
20 agents conducting in-person, door-to-door, mail, or phone
21 solicitation of applicants for enrollment except through
22 employers with employees eligible to participate in the
23 purchasing credit mechanism. However, information
24 approved by the board on the providers and plans
25 available to prospective subscribers in their geographic
26 areas shall be distributed through any door-to-door
27 activities for potentially eligible applicants and their
28 children.

